

TRUTH IN LENDING INSURANCE DISCLOSURES

DATE 07/31/02	ACCOUNT NUMBER 29429950	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PARTY NAME AND ADDRESS (*L	ender*)	
AMERICAN GENERAL FINANCIAL SERVICES OF 4447 ATLANTA HWY MONTGOMERY, AL 36121-0115	ALABAMA, INC.	COPY
BORROWER(S) NAME AND ADDRESS ("I","We")	BY RENI	WAL
JESSIE DAVIS 1410 GAUTIER STREET	NOV 18	2002
TUSKEGEE, AL 36083	American General F	n Services

CREDIT LIFE, DISABILITY, OR INVOLUNTARY UNEMPLOYMENT INSURANCE IS NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS I SIGN AND AGREE TO PAY THE ADDITIONAL COST. I cannot be denied credit simply because I choose not to buy credit insurance.

Type of Voluntary Credit Insurance	Premi	um
CREDIT LIFE INSURANCE		
I want single credit life insurance.	\$	14.75
Date 07/31/02 Date Date Date Date Date of Birth Date Coverage not applicable. Co-Borrower Came of Birth		
CREDIT INVOLUNTARY UNEMPLOYMENT INSURANCE	\$ NONE	
Date Insurance not available. Borrower		
Date Insurance not available. Co-Borrower		

^{*} If I/We have selected credit disability insurance, I/We certify by signing above that the proposed insured is actively at work at least 30 hours per week.

(P	VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE Not required to obtain credit. May be obtained from any insurer i choose.)	Term in Months	Premlum
			\$ NONE
Dane	Insurance not elected.		
Date	Co-Borrower Co-Borrower		

CANCELLATION OF VOLUNTARY INSURANCE. I may cancel any of the voluntary credit or voluntary credit personal property insurance coverages elected above within 30 days from the Date of the Loan Agreement (as provided for in the Insurance Policy(ies)) and receive a full refund of premium(s); however, any accrued interest, additional fees, prepaid finance charges, etc., I have paid because these insurance premium(s) were included in the amount I borrowed (Amount Financed) may not be refunded. I may also cancel any voluntary credit or voluntary credit personal property insurance after 30 days have expired, but I will receive a refund of only the unearmed premium. To cancel my voluntary credit or voluntary credit personal property insurance, I must submit a signed and dated written request to cancel, along with the insurance certificate/policy received with the loan (if available), to the Lender's address herein, unless otherwise notified. Both I, the Borrower, and my Co-Borrower, if any, must sign the cancellation request. The refunded premiums may be paid to Lender to reduce the amount I owe on the foan.

REQUIRED PROPERTY INSURANCE: I may obtain required property insurance from anyone I want that is acceptable to Lender, or I may provide existing coverage through any insurance company or agent of my choice that is acceptable to Lender. Items that must be insured include any automobiles, all terrain vehicles, snowmobiles, watercraft, other titled vehicles, large equipment, and dwellings and other structures attached to real property ("Property").

SEE REVERSE SIDE FOR ADDITIONAL INSURANCE DISCLOSURES

Initials J. M. Q.

LOAN AGREEMENT AND DISCLOSURE STATEMENT

AMERICAN GENERAL

DATE 07/31/02	ACCOL	NT NUMBER 29429950	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PARTY NAME AND ADD	RE88 ("Lender")	LENDER'S TELEPHON	E NUMBER 334-277-1311
AMERICAN GENERAL FINANCIAL SERVI 4447 ATLANTA HWY MONTGOMERY, AL 36121-0115	CES OF ALABAMA,	INC.	
Nonnous Production of the American Company	We")		
BORROWER(S) NAME AND ADDRESS (*1*,*1			

i will read this entire Loan Agreement and Disclosure Statement ("Agreement") and all related documents carefully. If I have any questions, I will ask them before I sign any of these documents. By signing, I am indicating my agreement to the

statements, promises, t	erms, and co				sign. CLOSURES			
ANNUAL PERCENTA	GE RATE	FINANCE	CHARGE	AMOU	NT FINANCED	TOTAL OF PAYMENTS		
The cost of my credit as a y	rearly rate.	The dollar a credit will co	บกอนกt the ost me.	The amount of credit provided to me or on my behalf.		The amount I will have paid after I have made all payments as scheduled.		
29	.80 %	\$	276,42	\$ 1077.06 s 1353.48				
My Payment Schedule w	ill be:							
Number of Payments	Amount o	Int of Payments When Payments Are Due						
1	\$ 78.4	8	09/05/0	2				
17	\$ 75.0	0	monthly	beginnin	g 10/05/02			
рауп	payment is no ads \$	t paid in full within or \$	99 or less than 1 days s	n \$ 10.00 fran its due date cheduled paym or minimum ch	s, i will be charged \$ or ent is \$ or args,	No of the unpaid emount of the If the entire scheduled payment less.		
Motor Vehicles	ake	Model	Vehicle Identi	fication No.		į		
Other Assets	ther Assets Descr	iption						
X Household items de Agreement	scribed on the	Personal Prope	orty Appraisa! F	form, which I	have signed and whi	ich has been delivered to me with this		
•	ouying my hom	e, If it secures th	ls loan, may no	t assume the r	emainder of this loan (on the original terms unless approved by		
			rmation about n	onpayment, de	lault any required rep	ayment in full before the scheduled date,		
	THIS AGR	EEMENT IS 8	UBJECT TO	THE FEDE	RAL ARBITRATI	ON ACT.		

By signing below, I acknowledge receipt of a copy of this Federal Disclosure Statement

SEE REVERSE SIDE FOR ADDITIONAL DISCLOSURES

MGAT.4975.0192

AMERICAN | GENERAL | FINANCE

INSURANCE	DISCL	OSURE	SUMMA	RY
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Borrower Name and Address: JESSIE DAVIS 1410 GAUTIER STREET TUSKEGEE, AL 36083

Branch Number: 1716

Loan Number: 29429950

Date: 07/31/02

I WANT TO PURCHASE THE INSURANCE/OTHER PRODUCTS NOTED BELOW AND HAVE THE PREMIUM/FEE FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE/OTHER PRODUCTS TO OFFICE MY LOAN.

INSURANCE PRODUCT	INSURED(S)	PRE	MÜÜM
Credit Life	JESSIE DAVIS	\$	14.75
Credit Disability		\$ NONE	
Credit Involuntary Unemployment		\$ NONE	
Credit Personal Property		\$ NONE	
		\$	
		\$	
	<u> </u>	\$	
		\$	
		\$	
		\$	
		\$	
OTHER PRODUCTS	MEMBER(S)	PLA	N FEE
		\$	
		\$	

I understand that I will have thirty (30) days from the time I receive my certificate/policy to cancel my coverage and receive a full premium refund. I understand that I may also cancel my coverage after this 30-day period and receive a refund of unearmed premium. I may cancel my coverage by submitting a signed and dated written request to cancel, along with the insurance certificate/policy (if available) to the office servicing my loan or to the insurance company. I also understand I may cancel any other product(s) by returning all forms and materials to that company and receive a refund of any unearned fee.

NON CREDIT INSURANCE: I understand that any claims for benefits will be paid to me or my beneficiary and will not be paid to the lender.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

INSURANCE SALESPERSON:

BORROWER:

Signature)

(License Number)

CO-BORROWER:

(Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

American General Insurance Compliance Services 601 NW 2nd Street, P.O. Box 159 Evansville, IN 47701-0159

Evansville, IN 47701-0159

MGAT.4975.0202

UNQ171 (7-14-02)

Telephone: 1-800-325-2147 Ext 5282 Telefax: (812) 481-2852

TRUTH IN LENDING INSURANCE DISCLOSURES

DATE 11/18/02	ACCOUNT NUMBER 29429950 TOTAL OF LOAN (Alpha) 800
LENDER/SECURED PARTY NAME AND ADDRESS ("L	ender") BY RENEWAL
AMERICAN GENERAL FINANCIAL SERVICES OF 4447 ATLANTA HWY HONTGOMERY, AL 36121-0115	ALABAMA, INC. APR 0 9 2003
	American General Fin Services
BORROWER(8) NAME AND ADDRESS ("I","We")	MONIGORE
JESSIE DAVIS 1410 GAUTIER STREET TUSKEGEE, AL 36083	

CREDIT LIFE, DISABILITY, OR INVOLUNTARY UNEMPLOYMENT INSURANCE IS NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS I SIGN AND AGREE TO PAY THE ADDITIONAL COST. I cannot be denied credit simply because I choose not to buy credit insurance.

Type of Voluntary Credit Insurance	Premium
CREDIT LIFE INSURANCE I want single credit life insurance.	\$ 25.00
Date 11/18/02 Soir Date DAVIS Date of Birth	
Date Coverage not applicable. Co-Borrower Date of Birth	
CREDIT INVOLUNTARY UNEMPLOYMENT INSURANCE	\$ NONE
Date Insurance not available Date of Birth	
Date Insurance not available. Co-Borrower Date of Birth	

* If I/we have selected credit disability insurance, I/we certify by signing above that the proposed insured is actively at work at least 30 hours per week.

VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE (Not required to obtain credit. May be obtained from any insurer I choose.)	Term in Months	Pren	nium
I want credit personal property insurance with a coverage amount of \$ 1300.00.	24	\$	50.70
Date 11/18/01 Caria Davis			
Co-Borrower Co-Borrower		}	

CANCELLATION OF VOLUNTARY INSURANCE. I may cancel any of the voluntary credit or voluntary credit personal property insurance coverages elected above within 30 days from the Date of the Loan Agreement (as provided for in the Insurance Policy(ies)) and receive a full refund of premium(s); however, any accrued interest, additional fees, prepaid finance charges, etc., I have paid because these insurance premium(s) were included in the amount I borrowed (Amount Financed) may not be refunded. I may also cancel any voluntary credit or voluntary credit personal property insurance after 30 days have expired, but I will receive a refund of only the uneamed premium. To cancel my voluntary credit or voluntary credit personal property insurance. I must submit a signed and dated written request to cancel, along with the insurance certificate/policy received with the loan (if available), to the Lender's address herein, unless otherwise notified. Both I, the Borrower, and my Co-Borrower, if any, must sign the cancellation request. The refunded premiums may be paid to Lender to reduce the amount I owe on the loan.

REQUIRED PROPERTY INSURANCE: I may obtain required property insurance from anyone I want that is acceptable to Lender, or I may provide existing coverage through any insurance company or agent of my choice that is acceptable to Lender, items that must be insured include any automobiles, all terrain vehicles, snowmobiles, watercraft, other titled vehicles, large equipment, and dwellings and other structures attached to real property ("Property").

SEE REVERSE SIDE FOR ADDITIONAL INSURANCE DISCLOSURES

LOAN AGREEMENT AND DISCLOSURE STATEMENT

AMERICAN GENERAL FINANCIAL SERVICES

DAYE 11/18/02	ACCOUNT WHITEE 2942 951 TYPE OF LOAN (Alpha) 800
LENDER/SECURED PARTY NAME AND ADDRESS ("Le	· · · · · · · · · · · · · · · · · · ·
AMERICAN GENERAL FINANCIAL SERVICES OF 4447 ATLANTA HWY MONTGOMERY, AL 36121-0115	, , , , , , ,
	American General Fin Services MONTGOMERY, AL
BORROWER(S) NAME AND ADDRESS ("I","We")	
JESSIE DAVIS 1410 GAUTIER STREET TUSKEGEE, AL 36083	

I will read this entire Loan Agreement and Disclosure Statement ("Agreement") and all related documents carefully. If I have any questions, I will ask them before I sign any of these documents. By signing, I am indicating my agreement to the statements, promises, terms, and conditions contained in the documents I sign.

		TRU	TH IN LEND	ING DISC	CLOSURES			
ANNUAL PERCENTAGE RATE The cost of my credit as a yearly rate.		The dolla	FINANCE CHARGE The dollar amount the credit will cost me.		AMOUNT FINANCED The amount of credit provided to me or on my behalf.		TOTAL OF PAYMENTS The amount! will have paid after! have made all payments as scheduled.	
	27.60 %	s	450.80	\$	1395.70	s	1846.50	
y Payment Schad	ule will ba:		-					
Number of Payme	nts Amount	of Payments	When Pay	ments Are D	นย			
1_	\$ 88.	15	01/01/0	3				
23	\$ 76.	45	monthly	beginnin	M 02/01/03			
	Imay 1	will not get a	to pay a penalty or refund or credit of					
Year	Mirtos	Mode(Vehlola identi	Boatton No.				
hiclea								
	Other Assets Des	ediption						
ther sets								
_								
X Household items	described on the P	ersonal Property	Appraisal Form, wh	ich i have sign	ed and which has been	delivered	to me with this Agreement	
SSUMPTION; Some	one buying my home), If it secures this	s loan, may not seeu	ame the remain	der of this loan on the o	original tem	ns unless approved by Lender	
e the remainder of the spayment refunds and	his Agreement for a 1 penalties, if any.	iny additional info	ormation about non	payment, defac	uit, any required repays	nent in ful	l before the scheduled date, an	
	THIS AGE	REPUENT 19	SUBJECT TO	THE EENE	RAL ARBITRATI	ION AC	<u> </u>	

Co-Borrower

SEE REVERSE SIDE FOR ADDITIONAL DISCLOSURES

UNAA71 (10-13-02) Agreement (1-2)

Page 1

MGAT 4975.0157

AMERICAN |GENERAL

INSURA	NCE	DISCI	OSLIDE	SUMMARY
INSURA			Vaure.	JUMMAN

FINANCIAL SERVICES

Borr Over Name and Address:	Branch Number: 1716
JESSIE DAVIS 1410 GAUTIER STREET	Loan Number: 29429950
TUSKECER, AL 36083	Date: 11/18/02

I WANT TO PURCHASE THE INSURANCE/OTHER PRODUCTS NOTED BELOW AND HAVE THE PREMIUM/FEE FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE/OTHER PRODUCTS TO OBTAIN MY LOAN.

INSURANCE PRODUCT	(NSURED(S)	PA	EMIUM
Credit Life	JESSIK DAVIS	\$	25.00
Credit Disability		\$ NON	E
Credit involuntary Unemployment		\$ NON	E
Cradit Personal Property	JESSIE DAVIS	\$	50.70
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
OTHER PRODUCTS	MEMBER(S)	PL	an fee
		\$	
		\$	

I understand that I will have thirty (30) days from the time I receive my certificate/policy to cancel my coverage and receive a full premium refund. I understand that I may also cancel my coverage after this 30-day period and receive a refund of unearmed premium. I may cancel my coverage by authmitting a signed and dated written request to cancel, along with the insurance certificate/policy (if available) to the office servicing my loan or to the insurance company. I also understand I may cancel any other product(a) by returning all forms and materials to that company and receive a refund of any unearmed fee.

NON CREDIT INSURANCE: I understand that any claims for benefits will be paid to me or my beneficiary and will not be paid to the lender.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

INSURANCE SALESPERSON

BORROWER:

(Signature)

(Co-BORROWER:

(Bignature)

(Bignature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

American General

American General Insurance Compliance Services 801 NW 2nd Street, P.O. Box 159 Evansville, IN 47701-0159

UNQ(81 (10-13-02) Telephone; 1-800-325-2147 Ext 5232 Telefax: (812) 461-2852

MGAT.4975.0189

LOAN AGREEMENT AND DISCLOSURE STATEMENT

AMERICAN GENERAL FINANCIAL SERVICES

 _					
DATE 03/05/04				UNT NUMBER 29429950	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PA	RTY NAME A	NO ADDRESS	("Lender")	LENDER'S TELEPHON	NE NUMBER 334-277-1311
AMERICAN GENERAL 4447 ATLANTA HWY MONTGOMERY, AL 36		SERVICES	OF ALABAM	A, INC.	
BORROWER(S) NAME	AND ADDRES	3\$ ("l","We")			
JESSIE DAVIS 1410 GAUTIER STRI TUSKEGEE, AL 360				PA	I D
I will read this entire Lany questions, I will a statements, promises,	sk them bef	ore I sign an	y of these o	documents. By signing, and	ated documents carefully, If I have purificating my agreement to the sist finance ERY, AL
ANNUAL PERCENTA The cost of my credit as a		FINANCE The dollar at	CHARGE mount the	AMOUNT FINANCED The amount of credit provided	TOTAL OF PAYMENTS The amount I will have paid after I have
26	.64 %	credit will co	393,29	to me or on my behalf. \$ 1290.64	made all payments as scheduled \$ 1683.93
My Payment Schedule w	vill be.			<u> </u>	
Number of Payments	Amount of	Payments	When Pay	ments Are Due	
1	\$ 73.95	3	04/10/0	4	
23	\$ 70.00)	monthly	beginning 05/10/04	
LATE CHARGE: X If am		and in fall and his	10.4		
	ent, but not more	than \$ 99.9	10 days after 2 or less than \$	its due date, I will be charged <u>5, 01</u> <u>10,00</u>) % of the <u>unpaid</u> amount of the
☐ If any	y payment is not ;	paid in full within	days after	rits due date, t will be charged \$ duted payment is \$or les:	if the entire scheduled payment
PREPAYMENT: If I pay off it		. 5. 4	in the dilling some	Country payment is 3 or res:	s.
☐⊥may	X 1 wil	I not have to	pay a penalty or	minimum charge	: -
X I may] i wii	Inot getairet	fund or credit of	part of the Finance charge.	
SECURITY. I am giving Lend	,	rest in:			
Real estate located at					
Year M	ake	Model	Vehicle Identif	laxtion No.	
Motor Vehicles	Motor				
Other Assets Description Other Assets					
X Household items desc	xibed on the Pen	sonal Property App] praisal Form, wh	ich I have signed and which has been	delivered to me with this Agreement.
—					original terms unless approved by Lender
	greement for any			ate feature have been provided to me payment, default, any required repayi	earlier. ment in full before the scheduled date, and
<u>'</u>		EMENT IS SI	UBJECT TO	THE FEDERAL ARBITRAT	ION ACT
By signing below, I acknowled					TO THE STATE OF TH
			Sorn	nia Mae Danis	<u> </u>
	Qrz	DEV/EDOF		POITONAL DISCLOSURES	
UNAA81 (04-13-03) Agreement (1-		REVERSE S	FOR A	DDITIONAL DISCLOSURES	

MGAT.4875.0048

TRUTH IN LENDING INSURANCE DISCLOSURES

DATE 03/05/04	ACCOUNT NUMBER 29429950	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PARTY NAME AND ADDRESS ("	Lender")	
AMERICAN GENERAL FINANCIAL SERVICES OF 4447 ATLANTA HWY MONTGOMERY, AL 36109-3115	ALABAMA, INC.	
BORROWER(S) NAME AND ADDRESS ("I","We")		
JESSIE DAVIS 1410 GAUTIER STREET TUSKEGEE, AL 36083		

CREDIT LIFE, DISABILITY, OR INVOLUNTARY UNEMPLOYMENT INSURANCE IS NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS I SIGN AND AGREE TO PAY THE ADDITIONAL COST. I cannot be denied credit simply because I choose not to buy credit insurance.

Type of Voluntary Credit Insurance	Premium
CREDIT LIFE INSURANCE I want single credit life insurance.	\$ 22.97
Date 03/05/04 Office Mac Dates 2-26-53 Effrower JESSIE DAVIS Date of Birth	
Date Coverage not applicable. Co-Borrower Date Date	
CREDIT INVOLUNTARY UNEMPLOYMENT INSURANCE	\$ NONE
Date Insurance not available. Borrower Capacitation	
Borrower Date Insurance not available American Montrophic	

^{*} If I/we have selected credit disability insurance, I/we certify by signing above that the proposed insured is actively at work at least 30 hours per week.

VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE (Not required to obtain credit. May be obtained from any insurer I choose.)	Term in Months	Premlum
I want credit personal property insurance with a coverage amount of S 1200.00,	24	\$ 46.80
Date 03/05/04 V Mie. Mac Dauis Sorrower JESSIE DAVIS		
Date Coverage not applicable. Co-Borrower		}

CANCELLATION OF VOLUNTARY INSURANCE. I may cancel any of the voluntary credit or voluntary credit personal property insurance coverages elected above within 30 days from the Date of the Loan Agreement (as provided for in the insurance Policy(ies)) and receive a full refund of premium(s); however, any accrued interest, additional fees, prepaid finance charges, etc., I have paid because these insurance premium(s) were included in the amount I borrowed (Amount Financed) may not be refunded. I may also cancel any voluntary credit or voluntary credit personal property insurance after 30 days have expired, but I will receive a refund of only the unearned premium. To cancel my voluntary credit or voluntary credit personal property insurance, I must submit a signed and dated written request to cancel, along with the insurance certificate/policy received with the loan (if available), to the Lender's address herein, unless otherwise notified. Both I, the Borrower, and my Co-Borrower, if any, must sign the cancellation request. The refunded premiums may be paid to Lender to reduce the amount I owe on the loan.

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SEE REVERSE SIDE FOR ADDITIONAL INSURANCE DISCLOSURES

UNAI91 (08-31-03) Insurance Disclosures

inklals 2.mo

MGAT.4975.0056